Name In Full

Certificate of Death

Harvey Armstrong

Died at Williamsport (Town) Washington (County) MARYLAND

Date 189 4	Month: June	Day: 14	Age: Y. 25 M. ys D.	Native of: Md	Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 1

Husband / Wife of Katie Bulhart

Father's Name donot Know

Mother's Name Mrs Snider

Cause of Death — Primary: Suicide

Immediate: pistol Wound on Head

How long sick

~~Accident~~, Suicide, ~~Homicide~~

OVER

Reported by Jane Angle

Address Town

J. F. Kuhn Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

LIBRARY BUREAU, 7[illegible]

Attended by Dr. L Richardson

of Town

Seen by Coroner No inquest

of

Information contained in this certificate received from

of

Name in Full Joshua R. Beck — Certificate of Death

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 189 — Month: June — Day: 19 — Age: Y. 64. M. 11. D. 9 — Native of: Md — Occupation: Stonemason

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — Divorced — Number of children living: 6

Husband of Wife: Benjamin F. Beck

Father's Name: Jonathan Jones — Mother's Name: Elizabeth Jones

Cause of Death — Primary: Paralysis — How long sick: 2 weeks

Immediate: 44

~~Accident, Suicide, Homicide~~

Reported by: E. A. Warthen

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full

Certificate of Death

Edmund S Brandt Brandt

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month June Day 24 Age Y. 11 M. 8 D. 15 Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Nevin J Brandt Mother's Name Eva M. Owen

Cause of Death Primary Tuberculous 22a How long sick 7 months

Immediate Cyanosis Accident, Suicide, Homicide

Reported by A.P. Stauffer MD

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Mary Jane Brown

Certificate of Death

Died at Town Weverton County Wash MARYLAND

Date 189 9 Month 6 Day 4 Age Y. 67 M. D. Native of Md Occupation Housewife

Male White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of James S Brown

Father's Name John Donalson Mother's Name Mary

Cause of Death Primary Weak Heart How long sick 4 days

Immediate Angina Pectoris ~~Accident, Suicide, Homicide~~

Reported by J. T. Youtee M D

Address Brownsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Harold Winchester Byron

Certificate of Death

Died at Town Williamsport County Washington MARYLAND

Date 1899 Month 6 Day 7 | Age Y. 9 M. D. | Native of | Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Harold H. Byron

Mother's Name 152a

Cause of Death: Primary Strangulation, head

Immediate Coughlt under crib bar.

How long sick

Accident, Suicide, Homicide

Reported by Transcript 6-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Mrs Mary Ann Donaldson

Died at Town: Sandy Hook County: Washington MARYLAND

Date 1899 Month: June Day: 1 Age Y. 45 M. D. Native of Md. Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of J. M. Donaldson

Father's Name Michael Dunn Mother's Name 20

Cause of Death: Primary Malarial Poisoning — How long sick one year

Immediate Heart Failure — Accident, Suicide, Homicide

Reported by B B Ransom

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, INDEX

Name In Full | Certificate of Death

Infant one of twins of L. F. Downs

Died at Town Wmspt County Was MARYLAND

Date 1899 Month June Day 13 | Age Y. M. D. 4- | Native of Town | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name L F Downs | Mother's Name Mrs Sprecher

Cause of Death: Primary Brain trouble | How long sick

Immediate " " | ~~Accident, Suicide, Homicide~~

OVER

Reported by Parents " J F Krebs

Address Town Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Wmspt Ma

OVER

LIBRARY BUREAU, 79998

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Saml. S. Downin

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month June Day 9 | Age Y. 88 M. 11 D. 25 | Native of Md. | Occupation Liveyer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children living~~

Husband ~~Wife~~ of Mary McVoy

Father's Name John Downin

Mother's Name Mary Stark

Cause of Death: Primary Senility 141

Immediate

How long sick

Accident, Suicide, Homicide

Reported by A. P. Stauffer, M D

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full: Mary Emerson

Certificate of Death

Died at Town: Boonsboro County: Washington MARYLAND

Date 1899 Month: June Day: 4th Age Y. 70 M. — D. Native of: Md Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Upton Emerson

Father's Name: John Lopp Mother's Name:

Cause of Death: Primary Apoplexy 42 How long sick 5 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by W. B. Wheeler and Son

Address Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

D. Newton Fahney ~~Fahney~~

Town

County

Died at Hagerstown Washington MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1899 6 | Age 24

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name Dr. Daniel P. Fahney

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript 7-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Anna Catherine Fahey

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month June Day 10th | Age Y. 68. M. 4. D. 16 | Native of Va. | Occupation Teacher.

~~Male~~ Female | White | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~

Number of children living 2

Husband of Wife John Fahey

Father's Name Francis R. Dugan | Mother's Name Anne L. McCardle

Cause of Death { Primary Phthisis Pulmonalis | How long sick 5 Years

Immediate Hamorrhage 22d Accident, ~~Suicide~~, ~~Homicide~~

Reported by H. K. Den. M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85966

Name In Full Rudolph Wm Hartman

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 6 Day 13 | Age Y. 10 M. D. | Native of Md | Occupation L

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Michael Hartman Mother's Name Sally McNeal

Cause of Death: Primary Rheumatism 26 — How long sick 6 days

Immediate Endocarditis — ~~Accident, Suicide, Homicide~~

Reported by J.D. Pleasants,

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7888B

Name in Full | Certificate of Death

Samuel Henry Hebb-

Died at Town: Funkstown, County: Washington MARYLAND

Date 189 9- Month: June Day: 19. Age Y. 35. M. 8. D. 8 Native of: Maryland- Occupation: Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Richard Hebb- Mother's Name: Mary Florence Hebb 57

Cause of Death: Primary: Chronic Articular Rheumatism. How long sick (acutely) 20 days

Immediate: Valvular Heart disease & Dropsy- ~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by: Dr F. D. Newcomer.

Address: Funkstown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEDER

Name in Full

George C. Henson

Certificate of Death

Died at Town: Downsville County: Washington MARYLAND

Date 189 9 Month: June Day: 24 Age: Y. 72 M. 7 D. 7 Native of: Md Occupation: Laborer

Male ~~Female~~ White ~~Colored~~ ~~Single~~ Married ~~Widow~~ Widower ~~Divorced~~

Number of children living: Eight

Husband ~~Wife~~ of Rosanna E. Ridenaur 57

Father's Name: Geo. Henson Mother's Name: Betsy Ridenaur

Cause of Death — Primary: Organic Heart disease How long sick: 30 Mos

Immediate: Exhaustion ~~Accident Suicide Homicide~~

Reported by: J. M. Reichard M. D.

Address: Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Anna Hunsberry

Died at Town: Boonsboro — County: Washington — MARYLAND

Date 1899 Month: June Day: 7 — Age Y. 74 M. 6 D. — Native of Md. — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~

Number of children living four

~~Husband~~ Wife of Henry Hunsberry 76

Father's Name Evens Cross — Mother's Name Catherin.

Cause of Death — Primary: Asthma — How long sick Suddenly

Immediate: Asthma & Heart Failure

~~Accident Suicide Homicide~~

Reported by W L Garver — Undertaker

Address Smithsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. READY BUREAU, 70808

Attended by Dr. No Dr in Attendance

of

Seen by Coroner

of

Information contained in this certificate received from Family

of

Name in Full

Certificate of Death

Mary Ellen Koogles

Died at Town: Hagerstown, County: Washington, MARYLAND

Date 1899 Month: June Day: 20th | Age Y. 10 M. 8 D. 22 | Native of: Maryland | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Geo. M. Koogles | Mother's Name: Olivia Ellen Keyser

Cause of Death: Primary: Marasmus 82 | How long sick: Two months

Immediate: Inanition | Accident, Suicide, Homicide

Reported by: C. W. Dagner

Address: Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Beulah Inez Lines

Died at Town Keedysville County Washington MARYLAND

Date 1899 Month Day Age Y. M. D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband Child of

Father's Name Emory E Line

Mother's Name Mae Lines

Cause of Death Primary Appendicitis

Immediate Peritonitis

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by H. M. Nikiser Aug 25

Address Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

David Lynch

Died at near Town Howard County Washington MARYLAND

Date 1899 Month 6 Day | Age Y. 57 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary apoplexy 42 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Leader 6-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Edward Morgan

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: 6 Day: 6 | Age Y: 28 M: 3 D: 14 | Native of Md | Occupation Laborer

Male — White — Married — Widowed — Divorced — Number of children living 5

Husband of Wife Daisy Morgan

Father's Name Martin Luther Morgan Mother's Delia Morgan

Cause of Death: Primary Phthisis Pulmonalis How long sick Two years

Immediate

220

Accident, Suicide, Homicide

Reported by J. Ed Pilsinger

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66088

Name in Full — Certificate of Death

John Moore

Died at Town: Indian Spring dist. County: Washington — MARYLAND

Date 1894 Month: June Day: 23 — Age Y.: 87 M.: 6 D.: 13 — Native of: Penna — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ — Number of children living: 4

Husband ~~Wife~~ of Catharine Millholland & Lelia Wolford

Father's Name: Henry Moore — Mother's Name: Elizabeth ——

Cause of Death — Primary: Chronic Paren. Nephritis (Morphine Habitue) — How long sick: About 4 mos

Immediate: Uremia

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: C. T. Mason, M.D.

Address: Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Nield

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 9 Month 6 Day 7 | Age Y. — M. — D. 1 | Native of Hagerstown | Occupation Child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm. H Nield

Mother's Name Ella Nield

Cause of Death ~~Primary~~ ~~Immediate~~

161

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

George Norford

Died at Town: Smithsburg County: Washington MARYLAND

Date 189[illegible] Month: June Day: 5 | Age Y. 41 M. 9 D. 10 | Native of: Md. | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband ~~wife~~ of Clarine Breitweiser

Father's Name: Joseph Norford | Mother's Name: Caroline Shein

Cause of Death: Primary: Locomotor Ataxia with Anaemia — How long sick

Immediate: Gangrene from bed sore. 40 — Accident, Suicide, Homicide

Reported by Dr. J. M. Stark

Address Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Malachia Phoenix

Died at Town Clearspring County Washn Co, MARYLAND

Date 1899 Month June Day 20 | Age Y. 69 M. 1 D. 22 | Native of Maryland | Occupation Day-laborer

~~Male~~ ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living None

Husband of Harriet L. Phoenix

Wife

Father's Name James Phoenix

Mother's Name Maria Pye

5-7

Cause of Death: Primary Organic Heart Disease. How long sick 3 mos & 2 days

Immediate Cystitis & Retention of Urine ~~Accident, Suicide, Homicide~~

Reported by C. T. Mason. M.D.

Address Clearspring Washn. Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full Charles J. Poker

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9, 6 Month Day 29 | Age Y. 3 M. — D. | Native of Md | Occupation RR. Brakeman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Lecrone

Father's Name — Mother's Name —

Cause of Death: Primary RR Injury 145d How long sick 2

Immediate Haemorrhage Shock Accident, ~~Suicide, Homicide~~

Reported by J. McPscott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Henry Rauger — Certificate of Death

Died at Town Funkstown County Washington MARYLAND

Date 189 Month 6 Day 7 | Age Y. 78 M. D. | Native of Mass | Occupation Farmer

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of Mary Brewer

Father's Name — | Mother's Name — 57

Cause of Death: Primary — Mitral Insufficiency. Dropsy — How long sick 8 months

Immediate — Cardiac Failure — ~~Accident, Suicide, Homicide~~

Reported by J M & J Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

Name in Full Grace B Rhodes

Certificate of Death

Died at Town Guard Loch County Washington CO MARYLAND

Date 1899 Month 6 Day 24 Age Y. M. D. 4 24 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name Clarence Rhodes Mother's Name Florane Hemphill

Cause of Death Primary inflamation bowels How long sick 6 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by Miss Alice Sanders

Address Downsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79708

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Israel B. Sechrist.

Town — County

Died at Hagerstown Washington MARYLAND

Month Day — Y. M. D. — Native of — Occupation

Date 1899 June 9 — Age 60. 6. 21 — Penn. — Musician

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced — Number of children living 7

Husband ~~Wife~~ of Susan V. Davis 44

Father's Name Henry J. Sechrist. — Mother's Name Mary J. Solomon

Cause of Death — Primary: General Paralysis — How long sick 2 years

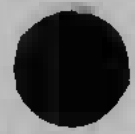
Immediate: Heart failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. K. Day - M.D.

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM



Name in Full

Certificate of Death

Jacob Shank.

Died at Town: Clearspring. County: Washington MARYLAND

Date 189 Month: June Day: 9

Age Y. 65. M. 5. D. 12

Native of Md.

Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Angeline Eddy 25-6

Father's Name Henry Shank

Mother's Name Nancy Beems

Cause of Death — Primary: Cancer of stomach 9 Months

Immediate: Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Abraham Shank, M.D.

Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU F6868

Name in Full Ora Stotler

Certificate of Death

Died at Town Chewsville County Washington MARYLAND

Date 189 9 Month June Day 20 Age Y. 26 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Moses Stotler

Father's Name Albertis Fiery Mother's Name 26 Gaver

Cause of Death Primary Articular Rheumatism How long sick 3 wks

Immediate Meningitis ~~Accident, Suicide, Homicide~~

Reported by Dr S. W. Lunstot

Address Chewsville Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Iva. Grace Slouffer

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 6 Day 2 Age Y. 4 M. 8 D. 2 Native of Hagerstown Occupation Child

Female White ~~Colored~~ Single ~~Married~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Rob Roy Slouffer

Mother's Name Grace E. Slouffer

Cause of Death Primary Diphtheria 8a

Immediate Heart failure

How long sick 6 Days

~~Accident Suicide Homicide~~

Reported by J. L. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Henson Summers (Col,

Certificate of Death

Died at Town Keedysville County Washington MARYLAND

Date 1899 Month 6 Day 6 Age Y. 80 M. — D. — Native of Frederick Co Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

~~Wife~~ Husband of

Father's Name —— Mother's Name ——

Cause of Death: Primary — Inflamed Corn right foot — How long sick 20 days

Immediate — Mitral Heart trouble Senile Gangrene — Accident, Suicide, Homicide

Reported by H. M. Nihiser

Address Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Vernie Thompson

Certificate of Death

Died at Town Wmspt County Was MARYLAND

Date 1899 Month June Day 5 Age Y. M. D. about 8 Yrs Native of Town Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife Son of

Father's Name Leo Thompson Mother's Name Katie Collins

Cause of Death Primary Stomach Trouble How long sick few days

Immediate " " Accident, Suicide, Homicide

Reported by family

Address Town. J. F. Krebs Undertaker Wmspt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. L. S. Donnelly

of Arnprior Ont.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Chester A. Troup

Died at Town Hickswille County Washington MARYLAND

Date 1899 Month 6 Day 6 Age Y. 71 M. 7 D. 3 Native of Md Occupation —

Male White ~~Married~~ ~~Widower~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of
Wife

Father's Name Saml. Troup

Mother's Name Florence Brewer

Cause of Death: Primary Bronchous-pneumonia How long sick 6 days

Immediate Heart failure ~~Accident Suicide Homicide~~

Reported by Abraham Shank. M. D.

Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU,

Name in Full

Certificate of Death

Andrew Weagley.

Died at Town Cavetown County Washington MARYLAND

Date 1899 Month June Day 4

Age Y. 82 M. 8 D. 28

Native of Md.

Occupation Farmer

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 3

~~Wife~~ Husband of Rebecca Flora

Father's Name Don't Know

Mother's Name Unknown

Cause of Death: Primary — General debility — How long sick 4 mos.

Immediate — Heart failure — 141

Accident, Suicide, Homicide

Reported by John M. Steck M. D.

Address ~~Emmitsburg~~ Md.

FILED: 1899

Must be signed by physician, if any in attendance, otherwise ~~by~~ coroner, undertaker or minister.

LIBRARY BUREAU, 47065